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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	10/804,561
	Filing Date	March 19, 2004
	First Named Inventor	William A. GROLL
	Art Unit	1762
	Examiner Name	William P. Fletcher III
Total Number of Pages in This Submission	Attorney Docket Number	916-031324

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Kent E. Baldauf The Webb Law Firm
Signature	<i>Kent E. Baldauf</i>
Date	February 20, 2007

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Diane Paull		
Signature	<i>Diane Paull</i>	Date	02-20-2007

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Attorney's Docket No. 916-031324

### AMENDMENT TRANSMITTAL LETTER

MAIL STOP AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Appl. No.: 10/804,561 Filing Date: 03-19-2004  
Examiner: William P. Fletcher III Art Unit: 1762  
Invention: METHOD OF MAKING NON-STICK COOKWARE

Transmitted herewith is an amendment in the above-identified application.

☐ Small entity status of this application has been averred.  
☒ No additional fee is required.  
☐ The fee has been calculated as shown below:

<u>No. of Claims</u> <u>After</u> <u>Amendment</u>	<u>Highest No.</u> <u>Previously</u> <u>Paid For</u>	<u>Present</u> <u>Extra</u>	<u>Small</u> <u>Entity</u> <u>Rate</u>	<u>Non-Small</u> <u>Entity</u> <u>Rate</u>	<u>Charge</u>
Total <u>16</u>	<u>20</u>	<u>0</u> X	\$ 25.00	X \$ 50.00	\$ <u>-0-</u>
Indep. <u>3</u>	<u>3</u>	<u>0</u> X	\$100.00	X \$200.00	\$ <u>-0-</u>
First Presentation of Multiple Dep. Claim			+ \$180.00	+ \$360.00	\$ <u>-0-</u>
Total Additional Fee					\$ <u>-0-</u>

☒ A check in the amount of \$ 450 is enclosed to cover the Petition for Extension of Time fee.  
☒ The Commissioner is hereby authorized to charge payment of any additional fees required on  
Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-  
0650. An original and two copies of this sheet are enclosed.  
☒ Any additional filing fees required under 37 CFR 1.16.  
☒ Any patent application processing fees under 37 CFR 1.17.

02-20-2007  
Date

By

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Diane Paull  
(Name of Person Mailing Document)

Diane Paull  
Signature

02/20/2007  
Date